The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

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Commissioner

Request for Extension

All requests for extensions to the time allowed to complete certain conditions of licensure Probation must be requested by completing this form and returning to the Probation Department. Licensees will be notified of any extensions determinations in writing. Time to complete conditions of your Probation have not been extended until you have received written notification from the Probation Department.

Name:
License No.:
Docket No.:

Licensure Condition that is the subject of this request:	**Date originally due**
☐ Submission of proof of completion of continuing education on the topic(s): 1. 2. 3. (If more than 3 continuing education courses, please specify the topic and date due on a separate sheet of paper and submit with this form.) ☐ Submission of proof of completion of continuing education for prior renewal cycles ☐ Submission of CE course descriptions for pre-approval	1. 2. 3. 4.
Obtain employment that will qualify to fulfill the minimum period of supervised professional practice. ☐ I am not currently practicing in my profession but I am actively seeking a job. ☐ I am not currently practicing in my profession and I am currently unable to actively look for work. (Explain below) ☐ I obtained qualified employment after the Effective Date of Probation. I am requesting the extension to complete the minimum period of "active practice" for my Probationary Period.	**N/A**

☐ Successful completion of examination requirement: ☐ Multistate Pharmacy Jurisprudence Exam ☐ Massachusetts Dental Ethics and Jurisprudence Exam	
☐ Supervisor's submission of verification form or letter	
☐ Supervisor's submission of periodic report	
☐ Evaluation/report from: ☐ Medical provider ☐ Mental health provider	
☐ Submission of proof of compliance with plan of correction	
☐ Submission of updated policies and procedures	
☐ Submission of spore testing results	
☐ Proof of completion of reporting requirements: ☐ Notify other jurisdictions of discipline ☐ Medical Error Report (MER) to ISMP	
☐ Enrollment with DTMC for urine screens	
☐ Other:	

(If more space needed, please write topic and date due on a separate sheet of paper and submit with this form.)

Please explain the reason(s) why you are requesting this extension:

Additional request(s) for extension *may be* allowed. However, such request(s) must be made prior to the expiration date of the previous extension granted.

I understand and agree that as a condition of granting this request, the Board may extend the minimum period during which my license is on a restricted status as necessary to accommodate the request.

_____ _____

Signature Date

To submit this form for consideration, please send complete and signed form to your Board of Registration in/of _____, Attention: Probation Department.

1. Fax: (617) 973 – 0983

2. Mail: Board of Registration in/of _____
Probation Department
Bureau of Health Professions Licensure
239 Causeway Street, 5th floor
Boston, MA 02114